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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/752,402		Filing Date 01/06/2004		To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY X OR SMALL ENTITY				
	FOR	N	UMBER FII	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC-FEE (37 CFR 1.16(a), (b),	or (c))	N/A	×.	N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (1),	or (m))	N/A		N/A		N/A			N/A		
Ш	EXAMINATION FE (37 CFR 1.16(o). (p).		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =	•	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =				x \$ =			x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi 35 U	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and		on size fee due for each in thereof, See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
		(Column 1) CLAIMS REMAINING	(Column : HIGHEST NUMBER		(Column 3)	1	SMAL	L ENTITY ADDITIONAL	OR		ER THAN ALL ENTITY ADDITIONAL	
AMENDMENT	12/11/2006	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	Total (37 CFR 1.16(i))	· 20	Minus	·· 20	= 0		X \$25 =	0	OR	x \$ =		
	Independent (37 CFR 1,18(h))	• 2	Minus	···3	= 0		X \$100 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(J))						l.,		OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT	4.26.07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.15(ii)	· 20	Minus	. 30	= X		x \$ =	.1-	OR	x \$ =	M	
	Independent (37 CFR 1 16(h))	. 2	Minus	··· 3	= 85		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		12	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								nstrument Ex	or camin	TOTAL ADD'L FEE		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". Linda W. Badie *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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